

F1000000S25A

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(Business Entity Name)

(Document Number)

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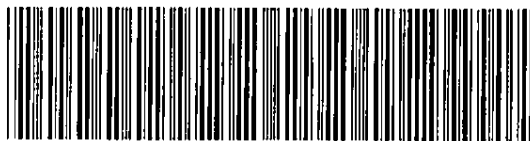
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RCI Hospitality Holdings Inc  
Name of Corporation

DOCUMENT NUMBER: F1000000 5254

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard  
Name of Contact Person

RCI Hospitality Holdings Inc  
Firm/Company

10737 Catten RD  
Address

Houston, TX 77066  
City/State and Zip Code

mike Pollard 3030 gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at 904 3769763  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

f10000005254

(Document number of corporation (if known))

1. BCI Hospitality Holdings Inc  
(Name of corporation as it appears on the records of the Department of State)

2. TX 3. 11-29-2010  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature. If changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Michael Pollard</u>	<u>3355 PROCYON ST</u> <u>Las Vegas NV 89115</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ceo</u>	<u>Michael Pollard</u>	<u>10737 Cutter Rd</u> <u>Houston tx, 77066</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>cfo</u>	<u>Michael Pollard</u>	<u>3177.5 Highland Dr</u> <u>Las Vegas NV 89109</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>Michael Pollard</u>	<u>2112 Western Ave</u> <u>Las Vegas NV 89102</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>Michael Pollard</u>	<u>2801 Westwood Dr</u> <u>Las Vegas NV 89109</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

<u>MR</u>	<u>Presente / OWNER</u>
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
<u>Michael Pollard</u>	<u>Owner President</u>
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35.00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

up Date ins trust

E. Effective date, if other than the date of filing: Nov 14-2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Nov 14-2023.

MR PresDmn // owner  
Signature of a member or authorized representative of a member

Michael Pollard PresDmn+ / owner  
Typed or printed name of signee